

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin

-vs-

**Petition to Modify Court-Imposed
Conditions of Extended
Supervision
§302.113(7m)**

_____, Defendant

Name

Case No. _____

Date of Birth _____

Check one of the following:

- ☐ The petitioner is presently serving the confinement portion of a bifurcated sentence. The scheduled date of release to extended supervision is _____, which is not more than one year from the date of this petition. The petitioner has not previously petitioned for modification of conditions of extended supervision. **Attached is the Verification of Date of Release to Extended Supervision.**

OR

- ☐ The petitioner is presently serving the extended supervision portion of a bifurcated sentence. The petitioner was released to extended supervision on (date) _____, which is not within one year of this petition. The petitioner has not filed another petition within one year of the filing of this petition. **Attached is the Verification of Date of Release to Extended Supervision.**

OR

- ☐ I am a representative of the Department of Corrections.

I believe that the requested modification(s) meet the needs of the department and the public and would be consistent with the objectives of the sentence in this case. I request that the court modify the court-imposed conditions of extended supervision as follows:

- ☐ See attached.

Signature of Petitioner or Petitioner's Attorney_____
Name Typed or Printed_____
Date

Distribution:

1. Court – Original
2. Sentenced person
3. Sentenced person's attorney
4. Department of Corrections
5. District Attorney